ARIZONA FORM

140X

Individual Amended Income Tax Return - TAX RECOVERY

2008

For calendar year Y Y Y Y or fiscal year beginning M M D D Y Y Y Y and ending M M D D Y Y Y Y. 66

Your First Name and Initial 1	Last Name	Your Social Security No.
If a joint return, Spouse's First Name and Initial 1	Last Name	Spouse's Social Security No.
Present Home Address - number and street, rural route 2 / Apt. No.	Daytime phone (w/area code)	94 Home phone (w/area code)
City, Town or Post Office 3 / State / Zip Code		

IMPORTANT You **must** enter your SSNs.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 80

Filing Status

Check box to indicate both filing and residency status:

		ORIGINAL RETURN	THIS RETURN
4	Married filing joint return	4 ☐	☐
5	Head of household ▶ NAME OF QUALIFYING CHILD OR DEPENDENT	5 ☐	☐
6	Married filing separate return: *Enter spouse's Social Security No. above AND enter* ▶ SPOUSE'S FULL NAME	6 ☐	☐
7	Single	7 ☐	☐

Residency

8	Resident	8 ☐	☐
9	Nonresident	9 ☐	☐
10	Part-year resident	10 ☐	☐
11	Part-year resident active military	11 ☐	☐
12	Nonresident active military	12 ☐	☐

Exemptions

13	Age 65 or over: *Enter the number claimed*	13	
14	Blind: *Enter the number claimed*	14	
15	Dependents: *Enter the number claimed*	15	
16	Qualifying parents or ancestors	16	

Original Form Filed: *(Check only one)* 97

1 Form 140 ..... 1 ☐
2 Form 140A ..... 2 ☐
3 Form 140EZ ..... 3 ☐
4 Form 140NR ..... 4 ☐
5 Form 140PY ..... 5 ☐

If 140NR or 140PY, *enter corrected percentage of Arizona residency* Do not type decimal 86 ____ %

IMPORTANT: *You must enter an amount* in columns (a), (b), and (c) for lines 17 and/or 18, lines 19 through 25, lines 27, 31, 32, 35, and lines 37 through 40.

		ORIGINAL AMOUNT REPORTED (a)	AMOUNT TO ADD OR SUBTRACT (b)		CORRECTED AMOUNT (c)
17	Federal adjusted gross income	00	00	17	00
18	Form 140NR and 140PY filers only: *Enter Arizona gross income*	00	00	18	00
19	Additions to income	00	00	19	00
20	Subtotal: Form 140, 140A, 140EZ filers: *Add* lines 17 and line 19. Form 140NR or 140PY filers: *Add* lines 18 and 19	00	00	20	00
21	Subtractions from income	00	00	21	00
22	Arizona adjusted gross income: *Subtract* line 21 from line 20	00	00	22	00
23	Deductions (itemized or standard)	00	00	23	00
24	Personal exemptions	00	00	24	00
25	Arizona taxable income: *Subtract* lines 23 and 24 from line 22	00	00	25	00
26	Tax from tax table: ☐ Table X or Y (140, 140NR or 140PY) ☐ Optional Table (140, 140A or 140EZ)			26	00
27	Tax from recapture of credits from Arizona Form 301, Part II	00	00	27	00
28	Subtotal of tax: *Add* lines 26 and 27, column (c)			28	00
29	Clean Elections Fund Tax Reduction claimed on original return	00		29	00
30	Reduced tax: *Subtract* line 29 from line 28, column (c)			30	00
31	Family income tax credit	00	00	31	00
32	Credits from Arizona Form 301 or Forms 310, 321, 322 or 323	00	00	32	00
33	Credit type: *Enter form number of each credit claimed* 33 3 3 3 3				
34	*Subtract* lines 31 and 32 from line 30			34	00
35	Clean Elections Fund Tax Credit. *See instructions*	00	00	35	00
36	Balance of tax: *Subtract* line 35 from line 34. If line 35 is more than line 34, enter "zero"			36	00
37	Payments (withholding, estimated, or extension)	00	00	37	00
38	Increased Excise Tax Credit	00	00	38	00
39	Property Tax Credit	00	00	39	00
40	Other refundable credits 40A1 ☐ 329 40A2 ☐ 330	00	00	40	00
41	Payment with original return *plus all payments after it was filed*			41	00
42	Total payments and refundable credits: *Add* lines 37 through 41, column (c)			42	00
43	Overpayment from original return or as later adjusted. *See instructions*			43	00
44	Balance of credits: *Subtract* line 43 from line 42			44	00
45	**REFUND/CREDIT DUE:** If line 36 is less than line 44, *subtract* line 36 from line 44, and *enter amount of refund/credit*			45	00
46	Amount of line 45 to be applied to 2009 estimated tax. If zero, *enter "0"*			46	00
47	**AMOUNT OWED:** If line 36 is more than line 44, *subtract* line 44 from line 36, and *enter the amount owed*			47	00

☐ **Payment enclosed. *Check the box and attach payment.***

48 Is this amended return the result of a net operating loss? If "yes", *check the box:* 48 ☐ YES

DOR USE ONLY 82 99

ATTACH PAYMENT HERE. Attach any W-2s to back of the return.

ONE STAPLE ONLY. DO NOT USE TAPE.

Your Name (as shown on page 1)	Your Social Security No.

TAX RECOVERY

PART I: Dependent Exemptions - do not list yourself or spouse as dependents

List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME:	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME DURING THE TAXABLE YEAR

Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

Enter dependents listed above who were not claimed on your federal return due to education credits:

PART II: Qualifying Parents and Ancestors of Your Parents Exemptions (Arizona residents only)

List below qualifying parents and ancestors of your parents for which you are claiming an exemption. If more space is needed, attach a separate sheet. Do not list the same person here that you listed in Part I, above, as a dependent. For information on who is a qualifying parent or ancestor of your parents, see the instructions for the original return that you filed.

FIRST AND LAST NAME:	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME DURING THE TAXABLE YEAR

PART III: Income, Deductions, and Credits

List the line reference from page 1 for which you are reporting a change then give the reason for each change. Attach any supporting documents required. If the change(s) pertain(s) to an IRS audit, please attach a copy of the agent's report. If you filed an amended federal return with the IRS (Form 1040X), please attach a copy and all supporting schedules.

Part IV: Name and Address on Original Return

If your name and address is the same on this amended return as it was on your original return, *write "same" on the line below*.

Name	Number and Street, R.R.	Apt. No.	City, Town or Post Office	State	Zip Code

PLEASE SIGN HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

➔ YOUR SIGNATURE | DATE | OCCUPATION

➔ SPOUSE'S SIGNATURE | DATE | SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE | FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S TIN | DATE | PAID PREPARER'S ADDRESS

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.
If you are expecting a refund or owe no tax, or owe tax but a[illegible]ent, [illegible]ment of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

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